



## STATE OF ILLINOIS

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Facility Name & ID Number Selfhelp Home of Chicago# 0018580 Report Period Beginning: 10/01/2004 Ending: 09/30/2005

## III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,  
(must agree with license). Date of change in licensed bedsN/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>30</u>	Skilled (SNF)	<u>30</u>	<u>10,950</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>35</u>	Intermediate (ICF)	<u>35</u>	<u>12,775</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>65</u>	TOTALS	<u>65</u>	<u>23,725</u>	7

## B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>842</u>	<u>4,298</u>	<u>2,334</u>	<u>7,474</u>	8
9	SNF/PED					9
10	ICF	<u>4,813</u>	<u>8,601</u>		<u>13,414</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>5,655</u>	<u>12,899</u>	<u>2,334</u>	<u>20,888</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed  
bed days on line 7, column 4.) 88.04%

D. How many bed-hold days during this year were paid by the Department?

None (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.  
(E.g., day care, "meals on wheels", outpatient therapy)None

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or  
investments not directly related to patient care?YES ☒NO ☐Non-allowable costs have been  
eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐NO ☒

I. On what date did you start providing long term care at this location

Date started 01/01/57

J. Was the facility purchased or leased after January 1, 1978?

YES ☐

Date \_\_\_\_\_

NO ☒

K. Was the facility certified for Medicare during the reporting year?

YES ☒NO ☐

If YES, enter number

of beds certified 30 and days of care provided 2,334Medicare Intermediary Mutual of Omaha

## IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED  
CASH\* ☐ CASH\* ☐Is your fiscal year identical to your tax year YES ☒ NO ☐Tax Year: 09/30/2005 Fiscal Year: 09/30/2005

\* All facilities other than governmental must report on the accrual basis

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

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Facility Name &amp; ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2004 Ending: 09/30/2005

## V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
<b>A. General Services</b>											
1	Dietary	268,764		12,480	281,244		281,244		281,244		1
2	Food Purchase		243,386		243,386		243,386	(1,899)	241,487		2
3	Housekeeping	99,718	30,769		130,487		130,487		130,487		3
4	Laundry		27,502		27,502		27,502		27,502		4
5	Heat and Other Utilities			78,703	78,703		78,703		78,703		5
6	Maintenance	84,829		83,772	168,601		168,601	60,487	229,088		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	453,311	301,657	174,955	929,923		929,923	58,588	988,511		8
<b>B. Health Care and Programs</b>											
9	Medical Director										9
10	Nursing and Medical Records	1,459,835	120,751	1,640	1,582,226		1,582,226		1,582,226		10
10a	Therapy			160,745	160,745		160,745		160,745		10a
11	Activities	107,998	15,535	2,603	126,136		126,136		126,136		11
12	Social Services			1,246	1,246		1,246		1,246		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	1,567,833	136,286	166,234	1,870,353		1,870,353		1,870,353		16
<b>C. General Administration</b>											
17	Administrative	75,055			75,055		75,055		75,055		17
18	Directors Fees										18
19	Professional Services			45,569	45,569		45,569	(4,123)	41,446		19
20	Dues, Fees, Subscriptions & Promotion			6,427	6,427		6,427	800	7,227		20
21	Clerical & General Office Expense	198,538	13,120	10,076	221,734		221,734	(16,315)	205,419		21
22	Employee Benefits & Payroll Taxes			391,035	391,035		391,035		391,035		22
23	Inservice Training & Education										23
24	Travel and Seminars			2,980	2,980		2,980		2,980		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			42,251	42,251		42,251		42,251		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	273,593	13,120	498,338	785,051		785,051	(19,638)	765,413		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	2,294,737	451,063	839,527	3,585,327		3,585,327	38,950	3,624,277		29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name &amp; ID Number Selfhelp Home of Chicago

#0018580

Report Period Beginning: 10/01/2004 Ending: 09/30/2005

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			90,097	90,097		90,097	33,104	123,201			30
31	Amortization of Pre-Op. & Org											31
32	Interest			2,238	2,238		2,238	(2,238)				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds			54,180	54,180		54,180	(54,180)				34
35	Rent-Equipment & Vehicle											35
36	Other (specify): <sup>a</sup>											36
37	<b>TOTAL Ownership</b>			146,515	146,515		146,515	(23,314)	123,201			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Center:		106,671		106,671		106,671		106,671			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shop:		5		5		5		5			41
42	Provider Participation Fee			35,588	35,588		35,588		35,588			42
43	Other (specify): <sup>a</sup> Nonallowable Costs	7,971		40,382	48,353		48,353	(48,353)				43
44	<b>TOTAL Special Cost Centers</b>	7,971	106,676	75,970	190,617		190,617	(48,353)	142,264			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	2,302,708	557,739	1,062,012	3,922,459		3,922,459	(32,717)	3,889,742			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

\*\*See Schedule of adjustments attached at end of cost report.

SEE ACCOUNTANTS' COMPILATION REPORT

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Program				3
4	Non-Patient Meals	(1,899)	2		4
5	Telephone, TV & Radio in Resident Room				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patient				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(86,050)	30		9
10	Interest and Other Investment Income	(2,238)	32		10
11	Discounts, Allowances, Rebates & Refund				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transaction				15
16	Personal Expenses (Including Transportation				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainer	(4,123)	19		22
23	Malpractice Insurance for Individual				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotiona	(17,924)	43		25
26	Income Taxes and Illinois Personal				26
27	Property Replacement Tax				27
28	CNA Training for Non-Employee				28
29	Yellow Page Advertising				29
30	Other-Attach Schedule See Schedule 5A	(45,944)			30
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (158,178)		\$	30

OHF USE ONLY							
48		49		50		51	52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below. (See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule	\$		31
32	Donated Goods-Attach Schedule			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	125,461		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 125,461		36
37	(sum of SUBTOTALS (A) and (B) )	\$ (32,717)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport		x	\$		38
39						39
40	Gift and Coffee Shop		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

**Selfhelp Home of Chicago**

**Provider #: 0018580**

**10/01/2004 to 09/30/2005**

**Schedule 5A**

VI. Adjustment Detail

Line 29 - Other

Non-allowable expenses	Amount	Reference
Disallow Outreach Program	(267)	43
Disallow Gift Shop Purchases	(5,264)	43
Disallow Marketing Salaries	(7,971)	43
Disallow Part A Lab	(14,353)	43
Disallow Part A X-ray	(2,442)	43
Disallow Web Site	(132)	43
Miscellaneous Income Offset	(15,515)	21
<b>TOTAL</b>	<b><u>\$(45,944)</u></b>	

**SEE ACCOUNTANTS' COMPILATION REPORT**

Facility Name &amp; ID Number Selfhelp Home of Chicago

# 0018580

Report Period Beginning: 10/01/2004 Ending: 09/30/2005

## VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
				The Selfhelp Home		
				Inc.-Center Division	Chicago	Lessor

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	6	Maintenance	\$	The Selfhelp Home, Inc.-Center Division	0.00%	\$ 60,487	\$ 60,487	1
2	V	30	Depreciation		The Selfhelp Home, Inc.-Center Division	0.00%	119,154	119,154	2
3	V	34	Rent	54,180	The Selfhelp Home, Inc.-Center Division	0.00%		(54,180)	3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 54,180			\$ 179,641	\$ * 125,461	14

\* Total must agree with the amount recorded on line 34 of Schedule V1

SEE ACCOUNTANTS' COMPILATION REPORT

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Facility Name & ID Number      Selfhelp Home of Chicago      #      0018580      Report Period Beginning:      10/01/2004      Ending:      09/30/2005

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									\$		1
2											2
3	See Attached Schedule 7A										3
4											4
5											5
6			No compensation or fees were paid to the Board of Directors								6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).  
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME,  
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

SEE ACCOUNTANTS' COMPILATION REPORT



Selfhelp Home of Chicago  
Provider #: 0018580  
10/01/2004 to 09/30/2005

**Schedule 7A**

<b>First name</b>	<b>Last Name</b>	<b>Title</b>	<b>Function</b>
Herbert	Roth	President	Board Member
Rolf	Weil	Imm. Past President	Board Member
Gerald	Franks	First Vice-President	Board Member
Bernard H.	Baum	Vice President	Board Member
M. Jay	Heilbrunn	Vice President	Board Member
Austin	Hirsch	Vice President	Board Member *
Leni	Weil	Treasurer	Board Member
Daniel	Wolf	Assistant Treasurer	Board Member
Henry	Straus	Secretary	Board Member
Jack	Bierig	Director	Board Member
Richard	Eggener	Director	Board Member
Peter	Glaser	Director	Board Member
Richard	Greenthal	Director	Board Member
Robert	Hoffmann	Director	Board Member
Suzanne	Kach	Director	Board Member
Gary	Kahn	Director	Board Member
Kurt B.	Karmin	Director	Board Member
Helen	Levy	Director	Board Member
Martha	Loewenthal	Director	Board Member
Steven	Loewenthal	Director	Board Member
Stephen	Nechtow	Director	Board Member
Barbara	Passman	Director	Board Member
Michael	Ries	Director	Board Member
George	Rosenbaum	Director	Board Member
Howard	Sharfman	Director	Board Member
Judith	Wolf	Director	Board Member

\* This board member provided legal services to the facility in the amount of \$1,083.

**SEE ACCOUNTANTS' COMPILATION REPORT**

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2004 Ending: 9/30/2005

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☒

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number (\_\_\_\_\_) \_\_\_\_\_  
 Fax Number (\_\_\_\_\_) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets

1 Schedule V Line Reference	2  Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4  Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$			1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10				N/A					10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1							\$	\$			\$	1	
2												2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7												7	
8												8	
9	TOTAL Facility Related							\$	\$			\$	9
	B. Non-Facility Related*												
10								Miscellaneous interest expense			2,238	10	
11								Interest income offset			(2,238)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related							\$	\$			\$	14
15	TOTALS (line 9+line14)							\$	\$			\$	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.      \$ None                      Line # N/A

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7  
(See instructions.)                      SEE ACCOUNTANTS' COMPILATION REPORT

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

Facility Name & ID Number **Selfhelp Home of Chicago**# **0018580** Report Period Beginning: **10/01/2004** Ending: **09/30/2005****IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)****B. Real Estate Taxes**

1. Real Estate Tax accrual used on 2004 report.		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and t must accompany the cost report	\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	2
3. Under or (over) accrual (line 2 minus line 1).			\$	3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)			\$ <b>N/A</b>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>			\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru			\$	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2000		8	
	2001		9	
	2002		10	
	2003		11	
	2004	<b>N/A</b>	12	
<b>FOR OHF USE ONLY</b>				
	13	FROM R. E. TAX STATEMENT FOR 2004	\$	13
	14	PLUS APPEAL COST FROM LINE 5	\$	14
	15	LESS REFUND FROM LINE 6	\$	15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed**

SEE ACCOUNTANTS' COMPILATION REPORT

**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates    **RE:** 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

FACILITY NAME	<u>Selfhelp Home of Chicago</u>	COUNTY	<u>Cook</u>
FACILITY IDPH LICENSE NUMBER	<u>0018580</u>		
CONTACT PERSON REGARDING THIS REPORT	<u>Mr. Marvin Rubin</u>		
TELEPHONE (773) 271-0300		FAX #: (773) 271-0633	

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

### B. Real Estate Tax Cost Allocations

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

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Facility Name &amp; ID Number Selfhelp Home of Chicago

# 0018580 Report Period Beginning:

10/01/2004 Ending:

09/30/2005

## X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 73,944 B. General Construction Type: Exterior Masonry Frame Steel Number of Stories 3C. Does the Operating Entity? ☐ (a) Own the Facility ☒ (b) Rent from a Related Organization ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions)

D. Does the Operating Entity? ☒ (a) Own the Equipment ☐ (b) Rent equipment from a Related Organization ☐ (c) Rent equipment from Completely Unrelated Organization

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc). List entity name, type of business, square footage, and number of beds/units available (where applicable)

The Selfhelp Home, Inc.: retirement facility; 92 apartments; square footage of 80,83.F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☒ NO  
If so, please complete the following:1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized N/A  
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs)

## XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Resident Care</u>	<u>70,000</u>	<u>1970</u>	<u>\$ 191,769</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>70,000</b>		<b>\$ 191,769</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Selfhelp Home of Chicago

# 0018580

Report Period Beginning:

10/01/2004 Ending: 09/30/2005

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar**

1	2	3	4	5	6	7	8	9	
Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	65	1974	1974	\$ 822,760		50	\$ 16,456	\$ 16,456	\$ 501,884
5									
6									
7									
8									
<b>Improvement Type**</b>									
9	Security System		1980	786		15			786
10	Security System		1981	29,527		15			29,527
11	Building Improvements		1981	808		20			808
12	Building Improvements		1982	2,642		15			2,642
13	Building Improvements		1983	2,717		10			2,717
14	Building Improvements		1986	1,212		10			1,212
15	Building Improvements		1987	3,000		10			3,000
16	Building Improvements		1988	6,752		10			6,752
17	Building Improvements		1989	30,538		10			30,538
18	Building Improvement		1990	10,425		10			10,425
19	Building Improvements		1991	9,690		10			9,690
20	Building Improvements		1992	22,014		10			22,014
21	Building Improvements		1992	932		7			932
22	Building Improvements		1993	14,166		10			14,166
23	Building Improvements		1993	183		7			183
24	Building Improvements		1994	27,620		10			27,620
25	Building Improvements		1994	3,836		5			3,836
26	Building Improvements		1994	5,148		7			5,148
27	Building Improvements		1995	18,411		10	921	921	18,411
28	Building Improvements		1995	363		7			363
29	Building Improvements		1995	176,882	8,844	20	8,844		92,862
30	Building Improvements		1995	15,209		5			15,209
31	Building Improvements		1994	33,000		5			33,000
32	Fence		1996	6,704	202	20	335	133	3,022
33	Decorating		1996	5,905	136	20	295	159	2,355
34	Blacktop Resurfacing		1996	1,646	50	20	82	32	738
35	Security Camera		1996	895	26	20	45	19	399
36									

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar**

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Boiler repairs	1996	\$ 5,914	\$ 158	20	\$ 296	\$ 138	\$ 2,664	37
38	Emergency call system	1996	14,557	58	20	728	670	6,552	38
39	Cabinets & vanities	1997	2,938	34	20	147	113	1,158	39
40	Fire Alarms	1997	12,818	486	20	641	155	5,526	40
41	Elevator Improvements	1997	6,171	98	20	309	211	2,423	41
42	Ceiling	1997	563		20	28	28	252	42
43	Tubing and piping	1997	1,667	19	20	83	64	738	43
44	Faucets	1997	999		20	50	50	450	44
45	Flooring	1997	2,152	80	20	108	28	932	45
46	Air Conditioning	1997	1,505		20	75	75	675	46
47	Doors	1997	7,523	214	20	376	162	3,277	47
48	Cement Work	1997	1,275	32	20	64	32	560	48
49	Windows	1997	51,709		20	2,585	2,585	23,265	49
50	Outdoor Sprinklers	1997	2,573	64	20	129	65	1,128	50
51	Bathub & Toilet	1997	605		20	30	30	270	51
52	Tuckpointing	1997	4,583		20	229	229	2,061	52
53	Blinds	1997	1,255	63	20	63		535	53
54	Boiler	1997	1,097		20	55	55	495	54
55	Office Refurbishing	1997	908	33	20	45	12	389	55
56	Compressor and Base Board	1997	680		20	34	34	306	56
57	Fire Alarms	1998	20,992	524	20	1,050	526	8,137	57
58	Sound System	1998	862		20	43	43	724	58
59	Architect	1998	43,360	2,112	20	2,168	56	16,287	59
60	Windows	1998	4,588		20	229	229	1,832	60
61	Lights	1998	1,517		20	76	76	608	61
62	Kitchen Sink	1998	1,230	62	20	62	(1)	465	62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 1,447,812	\$ 13,295		\$ 36,680	\$ 23,385	\$ 921,948	70

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 1,447,812	\$ 13,295		\$ 36,680	\$ 23,385	\$ 921,948	1
2	Doors & Locks	1998	685		20	34	34	272	2
3	Audio/Visual System	1998	10,578	264	20	529	265	4,100	3
4	Wall/Windows	1998	2,222	62	20	111	49	857	4
5	Cabinets & Vanities	1998	1,300		20	65	65	520	5
6	Electrical Work	1998	11,441	284	20	572	288	4,434	6
7	Heating & Cooling	1998	9,470	236	20	474	238	3,673	7
8	Roof	1998	8,333		20	417	417	3,336	8
9	Floor Coverings	1998	3,067		20	153	153	1,224	9
10	Computer Wiring	1998	6,242	312	20	312		2,340	10
11	Handrails & Grab Bars	1998	6,020	301	20	301		2,258	11
12	Lights	1999	1,217		20	60	60	390	12
13	Floor Coverings	1999	4,564		20	228	228	1,482	13
14	Heating & Cooling	1999	1,373		20	68	68	442	14
15	Elevator	1999	37,272	194	20	1,864	1,670	12,116	15
16	Cabinets	1999	2,251		20	112	112	728	16
17	Wall	1999	2,790		20	140	140	910	17
18	Fire Alarm	1999	14,911	658	20	746	88	4,849	18
19	Roof	1999	35,283	160	20	1,597	1,437	10,631	19
20	Call/Paging System	1999	5,142	164	20	258	94	1,677	20
21	Pipes & Faucet	1999	865		20	44	44	286	21
22	Room Conversion	1999	3,169		20	158	158	1,027	22
23	Fire Ducts	1999	35,113	1,756	20	1,756		11,414	23
24	Security System	1999	13,503	676	20	676		4,394	24
25	Electrical Wiring	1999	20,805	1,040	20	1,040		6,760	25
26	Architect	1999	540	28	20	28		182	26
27	Blinds	2000	1,050		20	53	53	318	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,687,018	\$ 19,430		\$ 48,475	\$ 29,045	\$ 1,002,568	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 1,687,018	\$ 19,430		\$ 48,475	\$ 29,045	\$ 1,002,568	1
2	Cabinets	2000	3,135	23	20	134	111	804	2
3	Lobby Renovation	2000	3,397		20	170	170	1,020	3
4	Dining Room Renovation	2000	7,818	38	20	353	315	2,118	4
5	Washroom Renovation	2000	1,039		20	52	52	312	5
6	Light Fixtures	1999	893		20	45	45	270	6
7	Room Conversion	2000	673		20	34	34	204	7
8	Closet/Coat Room	2000	205		20	10	10	60	8
9	Doors	2000	1,568	5	20	73	68	438	9
10	Tiles	1999	140		20	7	7	42	10
11	Air Conditioner	2000	90		20	4	4	24	11
12	Resident Call System	2000	14,103	394	20	394		2,364	12
13	Heating & Cooling	2000	838		20	42	42	252	13
14	Ceiling Fan	1999	287		20	14	14	84	14
15	Dining Room Window	2001	1,834		20	92	92	414	15
16	Code Alert System	2001	2,501		20	125	125	562	16
17	Shower Temperature Contro	2001	1,797	90	20	90		405	17
18	Call Station Living Room	2001	3,015	150	20	151	1	679	18
19	Doorknobs	2001	2,866		20	144	144	648	19
20	Repaving	2001	8,381		20	419	419	1,886	20
21	Fence	2001	784		20	40	40	180	21
22	Key Pad Locks	2001	776		20	39	39	175	22
23	Renovation of Kitchen, Basement & Elevator	2001	450,392	33,115	20	22,520	(10,595)	101,340	23
24	Elevator- Steel Frame	2001	533	54	20	27	(27)	94	24
25	Hot Water Tank	2001	2,070	98	20	104	6	364	25
26	Feed Pump	2001	2,300	230	20	115	(115)	403	26
27	Coils & Drains	2002	8,650	866	20	216	(650)	864	27
28	Boiler	2001	3,375	338	20	169	(169)	591	28
29	Carpeting	2002	28,345	1,418	20	1,417	(1)	4,960	29
30	Compressor	2002	3,375	338	20	169	(169)	591	30
31	Motorized Dampers	2002	18,547	928	20	927	(1)	3,245	31
32	Smoke Detectors and Duct Work	2002	9,644	482	20	482	0	1,687	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,270,389	\$ 57,997		\$ 77,053	\$ 19,056	\$ 1,129,648	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 2,270,389	\$ 57,997		\$ 77,053	\$ 19,056	\$ 1,129,648	1
2	Stock ceiling tile	2003	260	10	20	13	3	33	2
3	Heaters	2003	6,082	250	20	304	54	760	3
4	8th floor cabinets	2003	1,593	80	20	80	(0)	200	4
5	Water pump	2003	6,917	168	20	346	178	865	5
6	Replace 2 motors	2003	634	64	20	32	(32)	80	6
7	Exhaust fan	2003	925		20	46	46	115	7
8	Duct work	2003	7,202	250	20	360	110	900	8
9	Pipes changed	2003	1,300	130	20	65	(65)	163	9
10	Water heaters and water tank	2003	13,335	1,332	20	667	(665)	1,667	10
11	Vanities	2003	319		20	16	16	40	11
12	Carpeting	2003	2,623		20	131	131	328	12
13	Compressor	2003	12,306	862	20	615	(247)	1,538	13
14	1st floor hallway 930 bld	2003	1,101		20	55	55	138	14
15	Refridg pressure, safety valve, & mixer	2003	1,056	52	20	53	1	132	15
16	A/C and temperature contro	2003	2,359	134	20	118	(16)	291	16
17	Locks and keypads	2003	1,234	27	20	62	35	159	17
18	Elevator	2003	8,143		20	408	408	1,018	18
19	Solarium	2003	143,632	8,292	20	7,182	(1,110)	17,955	19
20	Dampers	2003	7,680	192	20	192		384	20
21	Exhaust fan	2003	6,093	305	20	305		457	21
22	Bathroom work	2003	894	45	20	45		67	22
23	Water Pump & motor	2003	6,850	343	20	343		514	23
24	Entrance door	2003	1,474	74	20	74		111	24
25	Heaters	2004	10,988	549	20	549		824	25
26	Duct work	2004	3,111	156	20	156		234	26
27	Air handler	2004	3,845	192	20	192		288	27
28	Blower	2004	1,423	71	20	71		107	28
29	Blinds	2004	4,811	241	20	241		361	29
30	Pressure valve	2004	1,334	67	20	67		100	30
31	8th floor remodeling - oxygen room	2004	15,415	771	20	771		1,156	31
32	Condensor	2004	18,531	927	20	927		1,390	32
33	Cooling system	2004	2,695	135	20	135		202	33
34	TOTAL (lines 1 thru 33)		\$ 2,566,554	\$ 73,716		\$ 91,672	\$ 17,956	\$ 1,162,225	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 2,566,554	\$ 73,716		\$ 91,672	\$ 17,956	\$ 1,162,225	1
2	Refrigerator, water pressure and gas valve	2005	9,951	248	20	248		248	2
3	Water pump	2005	6,516	163	20	163		163	3
4	Heater	2005	5,190	130	20	130		130	4
5	Tuck pointing	2005	2,563	64	20	64		64	5
6	Air conditioners	2005	15,978	399	20	399		399	6
7	Door	2005	525	13	20	13		13	7
8	TV room	2005	3,928	98	20	98		98	8
9	Recreation room	2005	25,679	642	20	642		642	9
10	Landscaping	2005	2,048	51	20	51		51	10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,638,931	\$ 75,525		\$ 93,481	\$ 17,956	\$ 1,164,034	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name &amp; ID Number Selfhelp Home of Chicago

# 0018580

Report Period Beginning:

10/01/2004

Ending:

09/30/2005

## XI. OWNERSHIP COSTS (continued)

## C. Equipment Depreciation-Excluding Transportation. (See instruction

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component/ Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 430,809	\$ 14,402	\$ 29,549	\$ 15,147	5-7 yrs	\$ 281,698	71
72	Current Year Purchases	2,390	171	171	0	5-7 yrs	171	72
73	Fully Depreciated Assets	93,675					93,675	73
74								74
75	TOTALS	\$ 526,874	\$ 14,573	\$ 29,720	\$ 15,147		\$ 375,544	75

## D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77				N/A						77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

## E. Summary of Care-Related Asset

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 3,357,574	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 90,097	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 123,201	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 33,104	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,539,578	85

## F. Depreciable Non-Care Assets Included in General Ledger. (See instructions

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

## G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

SEE ACCOUNTANTS' COMPILATION REPORT

\*\* This must agree with Schedule V line 30, column f

## XII. RENTAL COSTS

**A. Building and Fixed Equipment (See instructions.)**

**1. Name of Party Holding Lease:** N/A

**2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?**

**If NO, see instructions.**

☐ YES      ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5					N/A			5
6								6
7	TOTAL				\$			7

**8. List separately any amortization of lease expense included on page 4, line 34.**

This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: \*

**B. Equipment-Excluding Transportation and Fixed Equipment.** (See instructions.)

**15. Is Movable equipment rental included in building rental?**

16. Rental Amount for movable equipment: \$ **N/A** Description:

**(Attach a schedule detailing the breakdown of movable equipment)**

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	N/A	17
18					18
19					19
20					20
21	TOTAL		\$		21

**10. Effective dates of current rental agreement:**

## Beginning

## Ending

**11. Rent to be paid in future years under the current rental agreement:**

Fiscal Year Ending	Annual Rent
--------------------	-------------

12.                      /2006 \$

13.                      /2007 \$                     

14.                      /2008 \$                     

**\* If there is an option to buy the building, please provide complete details on attached schedule.**

**\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.**

**SEE ACCOUNTANTS' COMPILATION REPORT**

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wage (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefit.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefit.
- (c) For in-house training programs only. Do not include fringe benefit.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities:

\$ \_\_\_\_\_

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	L10A, C3	hrs	\$	6,658	\$ 63,251	\$	6,658	\$ 63,251	1
2	Licensed Speech and Language Development Therapist	L10A, C3	hrs		22	4,433		22	4,433	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L10A, C3	hrs		8,730	93,061		8,730	93,061	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39, C2	# of prescripts				106,671		106,671	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10	Academic Education		hrs							10
11	Exceptional Care Program									11
12										12
13	Other (specify):							0		13
14	TOTAL			\$	15,410	\$ 160,745	\$ 106,671	15,410	\$ 267,416	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed  
Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed  
on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT



**Selfhelp Home of Chicago**

**Provider #: 0018580**

**10/01/2004 to 09/30/2005**

**Schedule 16A**

XIV. Special Services

Line 13 Other (specify):

Service	Line Reference	Outside Practioner Units	Cost	Supplies
Part A Supplies	L10, C3			8,620
Ambulance	L10, C3	1	90	
Durable Medical Supplies	L10, C2			287
<b>Total</b>		<u>1</u>	<u>90</u>	<u>8,907</u>

**SEE ACCOUNTANTS' COMPILATION REPORT**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 661,250	\$ 661,250	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	240,085	240,085	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	6,000	6,000	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Schedule 17A</u>	81,032	81,032	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 988,367	\$ 988,367	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		191,769	13
14	Buildings, at Historical Cost		822,760	14
15	Leasehold Improvements, at Historical Cost	1,558,340	1,816,171	15
16	Equipment, at Historical Cost	306,878	526,874	16
17	Accumulated Depreciation (book methods)	(715,085)	(1,539,578)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization -			20
21	Organization & Pre-Operating Costs			21
22	Restricted Funds			22
23	Other Long-Term Assets (specify):			23
24	Other(specify):			24
25	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 1,150,133	\$ 1,817,996	25
	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 2,138,500	\$ 2,806,363	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 64,158	\$ 64,158	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	34,910	34,910	30
31	Accrued Taxes Payable (excluding real estate taxes)	2,539	2,539	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Schedule 17A</u>	83,383	83,383	36
37				37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 184,990	\$ 184,990	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>See Schedule 17A</u>	39,784	39,784	43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 39,784	\$ 39,784	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 224,774	\$ 224,774	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 1,913,726	\$ 2,581,589	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 2,138,500	\$ 2,806,363	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

Selfhelp Home of Chicago  
 Provider #: 0018580  
 10/01/2004 to 09/30/2005

**Schedule 17A**

**XV. BALANCE SHEET -**

<b>Other Current Assets (specify):</b>	<b>Operating</b>	<b>After Consolidation</b>
Bequest Receivable	79,239	79,239
Scholarship Loan Receivable	6,000	6,000
Scholarship Loan Payable	(4,207)	(4,207)
Total Line 9 - Other Current Assets (specify):	<b>81,032</b>	<b>81,032</b>

<b>Other Current Liabilities (specify):</b>	<b>Operating</b>	<b>After Consolidation</b>
Deferred Retirement Plan	68,581	68,581
Current Maturity Retirement Plan	6,000	6,000
Accrued Expenses	8,802	8,802
Total Line 36 - Other Current Liabilities (specify):	<b>83,383</b>	<b>83,383</b>

<b>Other Long-Term Liabilities (specify):</b>	<b>Operating</b>	<b>After Consolidation</b>
Interco A/C-Ries Fund	(27,435)	(27,435)
Interco A/C-Marx Fund	67,219	67,219
Total Line 43 - Other Long-Term Liabilities (specify):	<b>39,784</b>	<b>39,784</b>

**See Accountants' Compilation Report**

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b> <b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	<b>\$ 1,924,803</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>	<b>Cumulative activity of funds other than healthcare facility</b>	<b>(23,220)</b>	<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	<b>\$ 1,901,583</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>12,143</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	<b>\$ 12,143</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	<b>\$</b>	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	<b>\$ 1,913,726</b>	<b>24 *</b>

Operating Entity Only

\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

Page 19

Facility Name &amp; ID Number Selfhelp Home of Chicago

# 0018580

Report Period Beginning: 10/01/2004

Ending: 09/30/2005

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached

**Note: This schedule should show gross revenue and expenses. Do not net revenue against expenses**

1			
	Revenue	Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 3,450,990	1
2	Discounts and Allowances for all Levels	(3,461)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 3,447,529	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursement		11
12	Gift and Coffee Shop	12,419	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	1,899	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patient		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	75,682	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 90,000	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	370,543	24
25	Interest and Other Investment Income**	9,190	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 379,733	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Guest Apartment</b>	1,825	28
28a	<b>Miscellaneous Income</b>	15,515	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 17,340	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 3,934,602	30

2			
	Expenses	Amount	
<b>A. Operating Expenses</b>			
31	General Services	929,923	31
32	Health Care	1,870,353	32
33	General Administration	785,051	33
<b>B. Capital Expense</b>			
34	Ownership	146,515	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	155,029	35
36	Provider Participation Fee	35,588	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 3,922,459	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	12,143	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 12,143	43

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? N/A If not, please attach a reconciliation.  
Tax Exempt Organization

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

\*\*\*\* Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name &amp; ID Number Selfhelp Home of Chicago

# 0018580

Report Period Beginning: 10/01/2004

Ending:

09/30/2005

## XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4	
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1 Director of Nursing	2,120	2,120	\$ 79,090	\$ 37.31	1
2 Assistant Director of Nursing					2
3 Registered Nurses	19,595	21,800	588,411	26.99	3
4 Licensed Practical Nurses	7,212	8,042	149,437	18.58	4
5 CNAs & Orderlies	63,660	71,222	642,897	9.03	5
6 CNA Trainees					6
7 Licensed Therapist					7
8 Rehab/Therapy Aides					8
9 Activity Director					9
10 Activity Assistants	8,639	9,683	107,998	11.15	10
11 Social Service Worker					11
12 Dietician					12
13 Food Service Supervisor	2,244	2,244	36,981	16.48	13
14 Head Cook	6,523	6,523	79,825	12.24	14
15 Cook Helpers/Assistants	21,712	21,712	151,958	7.00	15
16 Dishwashers					16
17 Maintenance Worker	6,968	7,159	84,829	11.85	17
18 Housekeepers	10,683	12,576	99,718	7.93	18
19 Laundry					19
20 Administrator	1,967	1,967	75,055	38.16	20
21 Assistant Administrator					21
22 Other Administrative					22
23 Office Manager					23
24 Clerical	9,264	9,920	198,538	20.01	24
25 Vocational Instruction					25
26 Academic Instruction					26
27 Medical Director					27
28 Qualified MR Prof. (QMRP)					28
29 Resident Services Coordinator					29
30 Habilitation Aides (DD Homes)					30
31 Medical Records					31
32 Other Health Care(specify					32
33 Other(specify) Marketing	268	268	7,971	29.74	33
34 TOTAL (lines 1 - 33)	160,855	175,236	\$ 2,302,708 *	\$ 13.14	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

## B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35 Dietary Consultant	288	\$ 12,480	L1, C3	35
36 Medical Director				36
37 Medical Records Consultant	41	1,640	L10, C3	37
38 Nurse Consultant				38
39 Pharmacist Consultant				39
40 Physical Therapy Consultant				40
41 Occupational Therapy Consultant				41
42 Respiratory Therapy Consultant				42
43 Speech Therapy Consultant				43
44 Activity Consultant	50	2,603	L11, C3	44
45 Social Service Consultant	24	1,246	L12, C3	45
46 Other(specify)				46
47				47
48				48
49 TOTAL (lines 35 - 48)	403	\$ 17,969		49

## C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50 Registered Nurses		\$		50
51 Licensed Practical Nurses		N/A		51
52 Certified Nurse Assistants/Aides				52
53 TOTAL (lines 50 - 52)		\$		53

SEE ACCOUNTANTS' COMPILATION REPORT

## **XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Hedy Ciocci	Administrator	0	\$ 75,055	Workers' Compensation Insurance	\$ 75,662	IDPH License Fee	\$		
				Unemployment Compensation Insurance	10,935	Advertising: Employee Recruitment			
				FICA Taxes	176,655	Health Care Worker Background Check			
				Employee Health Insurance	109,675	(Indicate # of checks performed <u>50</u> )	800		
				Employee Meals		Life Service Network	2,722		
				Illinois Municipal Retirement Fund (IMRF)*		Illinois Council on Long-Term Care	3,705		
				Retirement Plan	18,108				
TOTAL (agree to Schedule V, line 17, col. 1)									
(List each licensed administrator separately.)			\$ 75,055						
B. Administrative - Other									
Description			Amount						
N/A			\$						
TOTAL (agree to Schedule V, line 17, col. 3)			\$						
(Attach a copy of any management service agreement)									
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**d		
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount	
Martin Brand	Legal		\$ 5,206			\$	Out-of-State Travel	\$	
American Express TBS	Accounting		1,275						
Altschuler, Melvoin,& Glasser LLP	Accounting		2,762						
Paychex	Accounting		25,324	N/A			In-State Travel		
Omnicare	Payroll Services		7,277						
Omnicare	Computer Consulting		3,725						
TOTAL (agree to Schedule V, line 19, column 3)									
(If total legal fees exceed \$2500 attach copy of invoices.)			\$ 45,569	TOTAL		\$	(agree to Sch. V, line 24, col. 8)	\$ 2,980	

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

**\*\*See instructions.**

**Selfhelp Home of Chicago**

**Provider #: 0018580**

**10/01/2004 to 09/30/2005**

**Schedule 21A**

**XIX. SUPPORT SCHEDULE**

**C. Professional Services**

Total (agree to Schedule V, line 19, column 3) 45,569

Out-of-period legal expenses (4,123)

Total (agree to Schedule V, line 19, column 8) 41,446

**SEE ACCOUNTANTS' COMPILATION REPORT**



XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
 (See instructions.)

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	5 Amount of Expense Amortized Per Year								
					6 FY2002	7 FY2003	8 FY2004	9 FY2005	10 FY2006	11 FY2007	12 FY2008	13 FY2009	14 FY2010
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7						N/A							
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Selfhelp Home of Chicago

# 0018580

Report Period Beginning: 10/01/2004 Ending: 09/30/2005

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount LSN \$2,722; IL Council \$3,705
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 6 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expenses and the location of this expense on Sch. V. 53,461 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility IDPH license number of this related party and the date the present owners took over N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 35,588  
This amount is to be recorded on line 42 of Schedule V
- (12) Are there any salary costs which have been allocated to more than one line on Schedule for an individual employee? No If YES, attach an explanation of the allocation

**SEE ACCOUNTANTS' COMPILATION REPORT**

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services if the patient census listed on page 2, Section B No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these function
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ N/A Has any meal income been offset against related costs? Yes Indicate the amount \$ 1,899
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel No  
If YES, attach a complete explanation  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
d. Have vehicle usage logs been maintained N/A  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
**g. Does the facility transport residents to and from day training? N/A**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: Altschuler, Melvoin & Glasser LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? Yes If no, please explain.
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? N/A  
Attach invoices and a summary of services for all architect and appraisal fee

## RECONCILIATION REPORT

04:29 PM 3/20/2006

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB-SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB-SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-32,717	equal to	-32,717	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	0	equal to	0	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	0	equal to	0	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	123,201	equal to	123,201	0	FAILED	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	0	equal to	0	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages	0	equal to	0	0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	160,745	equal to	160,745	0	O.K.	Pg16 Z12+Z14.	N/A,B	1-4,40-43	8,2	Pg3 H20	N/A	10a	4
Special Serv.- Supplies	106,671	equal to	106,671	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	929,923	equal to	929,923	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	1,870,353	equal to	1,870,353	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Administration	785,051	equal to	785,051	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	146,515	equal to	146,515	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	155,029	equal to	155,029	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21...H24+I	N/A	38to41+43	4
Income Stat. Prov. Partic.	35,588	equal to	35,588	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	1,459,835	equal to	1,459,835	0	O.K.	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to	0	0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	0	equal to	0	0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	107,998	equal to	107,998	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	0	equal to	0	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	268,764	equal to	268,764	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	84,829	equal to	84,829	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	99,718	equal to	99,718	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	0	equal to	0	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	75,055	equal to	75,055	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	198,538	equal to	198,538	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to	0	0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	2,302,708	equal to	2,302,708	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	12,480	< or = to	12,480	0	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	0	< or = to	0	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	1,640	< or = to	1,640	0	O.K.	Pg20 X14..X16+	B. & C.	37to39 and 50to5	2	Pg3 G19	N/A	10	3
Activity Consultant	2,603	< or = to	2,603	0	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	1,246	< or = to	1,246	0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	75,055	equal to	75,055	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other	0	equal to	0	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	45,569	equal to	45,569	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	391,035	equal to	391,035	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	7,227	equal to	7,227	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	2,980	equal to	2,980	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	35,588	equal to	35,588	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	N/A	< or = to	0	0	O.K.	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	N/A	equal to	0	#VALUE!	#VALUE!	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to	0	0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	2,334	equal to	2,334	0	O.K.	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	125,461	equal to	125,461	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6I Y4	B.	14	8
Total loan balance	0	equal to	0	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27.	N/A	29+39-41	2
Real estate tax accrual	N/A	equal to	0	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	191,769	equal to	191,769	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	2,638,931	equal to	2,638,931	0	FAILED	Pg12 to 12I L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	526,874	equal to	526,874	0	O.K.	Pg13 O22+L13	C.& D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	1,539,578	equal to	1,539,578	0	FAILED	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	1,913,726	equal to	1,913,726	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	12,143	equal to	12,143	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	0	equal to	0	0	O.K.	Pg22 F31-J31..I	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	2,138,500	equal to	2,138,500	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1

Enter your HSA # in next column  
Census (Pulls from Page 2)

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20,888

Cost Report Line	Description	Average Median Cost Per Day		Your Facility	State	HSA	IDPA LTC Profiles	Cost Report Line	Description	State-Wide	LTC Median Per Diem Cost by HSA - 2003 Cost Reports 2003 (Run June 1, 2004)										10th %	90th %	
		HSA	HSA								HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA			HSA
1	Dietary	13.46	6.10	7.02							1	2	3	4	5	6	7	8	9	10	11		
2	Food Purchase	11.56	4.31	4.47							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
3	Housekeeping	6.25	3.70	3.59							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
4	Laundry	1.32	1.85	2.23							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
5	Heat & Other Utilities	3.77	2.95	3.17							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
6	Maintenance	10.97	3.01	3.26							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
8	Total General Services	47.32	22.58	24.49							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
10	Nursing & Medical Records	75.75	41.83	42.52							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
10A	Therapy	7.70	2.10	1.86							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
11	Activities	6.04	1.91	2.18							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
12	Social Services	0.06	1.42	1.45							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
16	Total Health Care & Programs	89.54	49.48	50.39							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
17	Administration	3.59	3.36	3.33							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
19	Professional Services	1.98	0.99	1.09							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
21	Clerical & Gen. Office Expense	9.83	4.79	4.32							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
22	Employee Benefits & PR Taxes	18.72	10.09	10.42							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
24	Travel & Seminar	0.14	0.08	0.10							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
26	Insurance-Property, Liability & Malpractice	2.02	2.58	2.47							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
28	Total General Administrative	36.64	24.94	25.31							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
29	Total Operating Expenses	173.51	98.06	100.77							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
30	Depreciation	5.90	3.70	3.82							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
32	Interest	-	2.54	2.81							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
33	Real Estate Taxes	-	1.38	0.92							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
37	Total Ownership	5.90	11.11	9.73							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
	Total Operating and Ownership Cost	179.41	110.50	110.50							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81

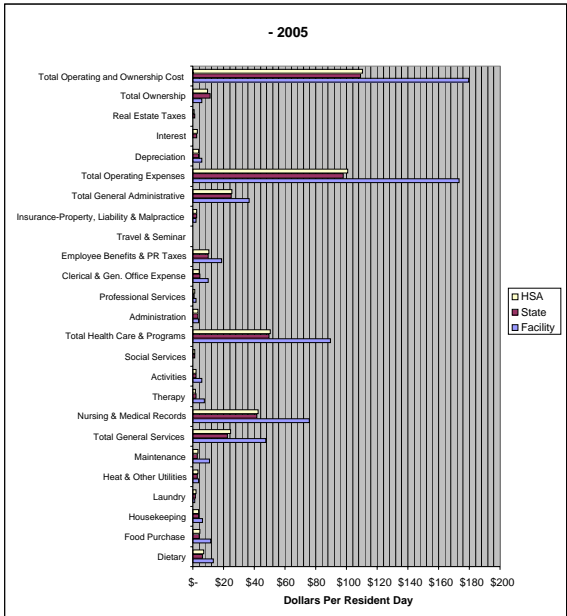
Notes:

Your Facility data is from page 3, column 8 of your 2005 Medicaid cost report, divided by your annual census.

The Average Median Cost Per Day for the State and your HSA is taken from data available from the Illinois Department of Public Aid and corresponds with the respective cost report data after final adjustments.

1	Dietary	13.46	6.10	7.02							1	2	3	4	5	6	7	8	9	10	11	10th %	90th %
2	Food Purchase	11.56	4.31	4.47							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
3	Housekeeping	6.25	3.70	3.59							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
4	Laundry	1.32	1.85	2.23							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
5	Heat & Other Utilities	3.77	2.95	3.17							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
6	Maintenance	10.97	3.01	3.26							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
8	Total General Services	47.32	22.58	24.49							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
10	Nursing & Medical Records	75.75	41.83	42.52							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
10A	Therapy	7.70	2.10	1.86							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
11	Activities	6.04	1.91	2.18							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
12	Social Services	0.06	1.42	1.45							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
16	Total Health Care & Programs	89.54	49.48	50.39							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
17	Administration	3.59	3.36	3.33							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
19	Professional Services	1.98	0.99	1.09							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
21	Clerical & Gen. Office Expense	9.83	4.79	4.32							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
22	Employee Benefits & PR Taxes	18.72	10.09	10.42							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
24	Travel & Seminar	0.14	0.08	0.10							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
26	Insurance-Property, Liability & Malpractice	2.02	2.58	2.47							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
28	Total General Administrative	36.64	24.94	25.31							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
29	Total Operating Expenses	173.51	98.06	100.77							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
30	Depreciation	5.90	3.70	3.82							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
32	Interest	-	2.54	2.81							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
33	Real Estate Taxes	-	1.38	0.92							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
37	Total Ownership	5.90	11.11	9.73							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81
	Total Operating and Ownership Cost	179.41	110.50	110.50							1	2	3	4	5	6	6.06	6.06	5.60	7.02	5.70	4.13	9.81

Notes:  
Your Facility data is from page 3, column 8 of your 2005 Medicaid cost report, divided by your annual census.  
The Average Median Cost Per Day for the State and your HSA is taken from data available from the Illinois Department of Public Aid and corresponds with the respective cost report data after final adjustments.



IDPA Comparative Data - Per Resident Day Cost  
Year Ending

Enter your HSA # in next column  
Census (Pulls from Page 2)

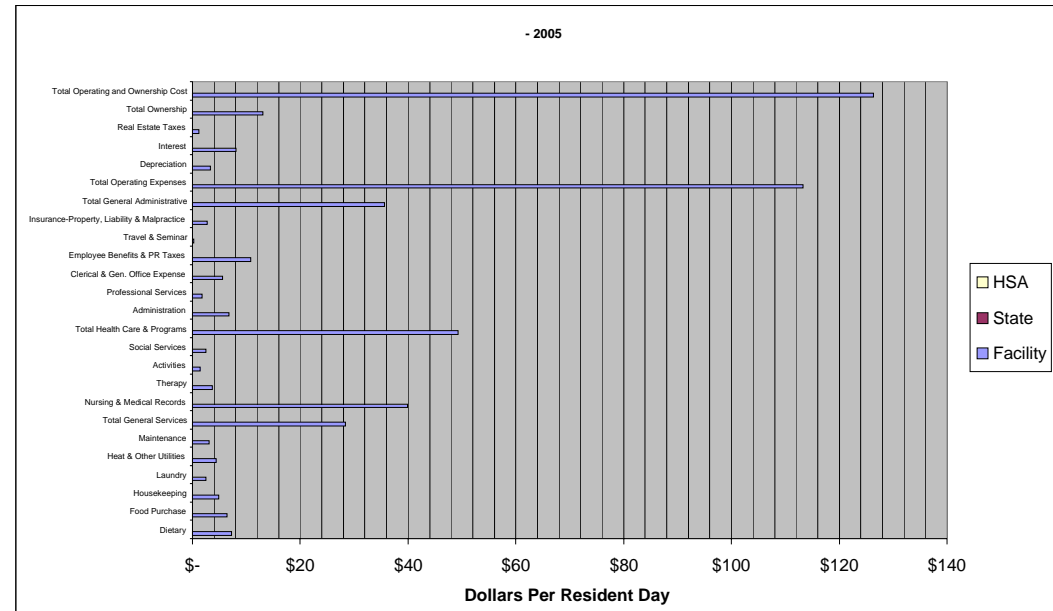
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20,888

Cost Report Line	Description	2005	2004 Median		2004	2004 Median		2003	2003 Median		2002	2002 Median	
		Per Diem Your Facility	State	HSA	Per Diem Your Facility	State	HSA	Per Diem Your Facility	State	HSA	Per Diem Your Facility	State	HSA
1	Dietary	7.23	-	-	#DIV/0!	-	-	#DIV/0!	6.01	7.28	#DIV/0!	6.01	7.28
2	Food Purchase	6.35	-	-	#DIV/0!	-	-	#DIV/0!	4.27	4.52	#DIV/0!	4.27	4.52
3	Housekeeping	4.85	-	-	#DIV/0!	-	-	#DIV/0!	3.65	3.84	#DIV/0!	3.65	3.84
4	Laundry	2.46	-	-	#DIV/0!	-	-	#DIV/0!	1.90	2.15	#DIV/0!	1.90	2.15
5	Heat & Other Utilities	4.35	-	-	#DIV/0!	-	-	#DIV/0!	2.71	2.84	#DIV/0!	2.71	2.84
6	Maintenance	3.09	-	-	#DIV/0!	-	-	#DIV/0!	2.99	3.41	#DIV/0!	2.99	3.41
8	Total General Services	28.39	-	-	#DIV/0!	-	-	#DIV/0!	22.09	24.39	#DIV/0!	22.09	24.39
10	Nursing & Medical Records	39.90	-	-	#DIV/0!	-	-	#DIV/0!	40.68	42.79	#DIV/0!	40.68	42.79
10A	Therapy	3.69	-	-	#DIV/0!	-	-	#DIV/0!	1.85	1.90	#DIV/0!	1.85	1.90
11	Activities	1.45	-	-	#DIV/0!	-	-	#DIV/0!	1.88	2.12	#DIV/0!	1.88	2.12
12	Social Services	2.46	-	-	#DIV/0!	-	-	#DIV/0!	1.44	1.46	#DIV/0!	1.44	1.46
16	Total Health Care & Programs	49.25	-	-	#DIV/0!	-	-	#DIV/0!	47.55	50.19	#DIV/0!	47.55	50.19
17	Administration	6.78	-	-	#DIV/0!	-	-	#DIV/0!	3.39	3.49	#DIV/0!	3.39	3.49
19	Professional Services	1.77	-	-	#DIV/0!	-	-	#DIV/0!	0.98	1.00	#DIV/0!	0.98	1.00
21	Clerical & Gen. Office Expense	5.56	-	-	#DIV/0!	-	-	#DIV/0!	4.58	4.07	#DIV/0!	4.58	4.07
22	Employee Benefits & PR Taxes	10.81	-	-	#DIV/0!	-	-	#DIV/0!	9.63	10.11	#DIV/0!	9.63	10.11
24	Travel & Seminar	0.22	-	-	#DIV/0!	-	-	#DIV/0!	0.09	0.12	#DIV/0!	0.09	0.12
26	Insurance-Property, Liability & Malpractice	2.68	-	-	#DIV/0!	-	-	#DIV/0!	2.19	1.93	#DIV/0!	2.19	1.93
28	Total General Administrative	35.67	-	-	#DIV/0!	-	-	#DIV/0!	23.47	23.64	#DIV/0!	23.47	23.64
29	Total Operating Expenses	113.32	-	-	#DIV/0!	-	-	#DIV/0!	94.39	99.26	#DIV/0!	94.39	99.26
30	Depreciation	3.32	-	-	#DIV/0!	-	-	#DIV/0!	3.53	3.13	#DIV/0!	3.53	3.13
32	Interest	8.13	-	-	#DIV/0!	-	-	#DIV/0!	2.73	2.84	#DIV/0!	2.73	2.84
33	Real Estate Taxes	1.15	-	-	#DIV/0!	-	-	#DIV/0!	1.30	0.77	#DIV/0!	1.30	0.77
37	Total Ownership	13.01	-	-	#DIV/0!	-	-	#DIV/0!	11.44	9.19	#DIV/0!	11.44	9.19
	Total Operating and Ownership Cost	126.33	-	-	#DIV/0!	-	-	#DIV/0!	108.45	108.45	#DIV/0!	105.83	108.45

Notes:

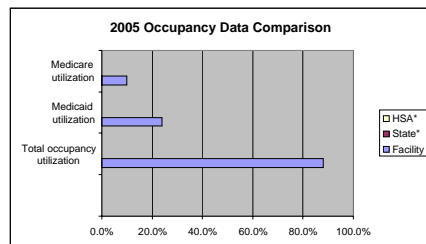
Your Facility data is from page 3, column 8 of each of your respective Medicaid cost reports, divided by the respective annual census.

The 2001 & 2002 Median Cost Per Day, for the State and your HSA is taken from data available from the Illinois Department of Public Aid and corresponds with the respective cost report data after final adjustments.



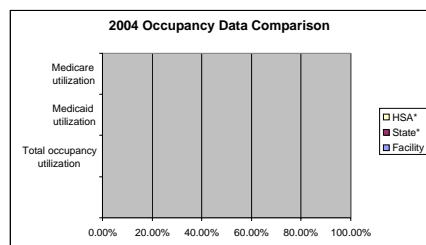
## 2005

	Your	State*	HSA*
	Facility		
Total occupancy utilization	88.04%	0.00%	0.00%
Medicaid utilization	23.84%	0.00%	0.00%
Medicare utilization	9.84%	0.00%	0.00%
Private pay percent utilization	54.37%	N/A	N/A
Capacity in Patient Days	23,725	N/A	N/A
Census days of service provided	20,888	N/A	N/A



## 2004

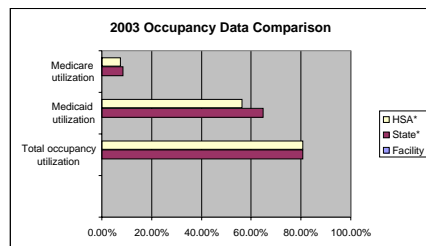
	Your	State*	HSA*
	Facility		
Total occupancy utilization	#DIV/0!	0.00%	0.00%
Medicaid utilization		0.00%	0.00%
Medicare utilization		0.00%	0.00%
Private pay percent utilization	N/A	N/A	N/A
Capacity in Patient Days	N/A	N/A	N/A
Census days of service provided	N/A	N/A	N/A



\* State and HSA data for 2004 and 2005 is not expected to be available from HFS until March 2006 and 2007 respectively.

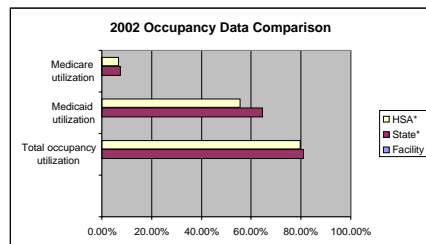
## 2003

	Your	State*	HSA*
	Facility		
Total occupancy utilization	#DIV/0!	80.80%	80.80%
Medicaid utilization		64.80%	56.40%
Medicare utilization		8.50%	7.50%
Private pay percent utilization	N/A	N/A	N/A
Capacity in Patient Days	N/A	N/A	N/A
Census days of service provided	N/A	N/A	N/A

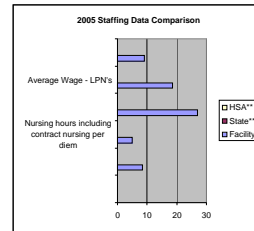


## 2002

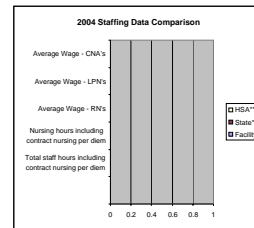
	Your	State*	HSA*
	Facility		
Total occupancy utilization	#DIV/0!	80.90%	79.60%
Medicaid utilization		64.50%	55.50%
Medicare utilization		7.40%	6.80%
Private pay percent utilization	N/A	N/A	N/A
Capacity in Patient Days	N/A	N/A	N/A
Census days of service provided	N/A	N/A	N/A



2005			
Your			
Facility	State**	HSA**	
Total staff hours including contract nursing per diem	8.39	0.00	0.00
Nursing hours including contract nursing per diem	4.94	0.00	0.00
Average Wage - RN's	26.99	0.00	0.00
Average Wage - LPN's	18.58	0.00	0.00
Average Wage - CNA's	9.03	0.00	0.00

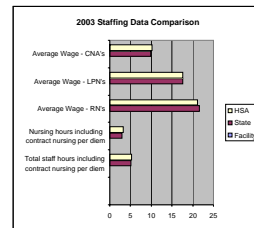


2004			
Your			
Facility	State**	HSA**	
Total staff hours including contract nursing per diem	0.00	0.00	
Nursing hours including contract nursing per diem	0.00	0.00	
Average Wage - RN's	0.00	0.00	
Average Wage - LPN's	0.00	0.00	
Average Wage - CNA's	0.00	0.00	

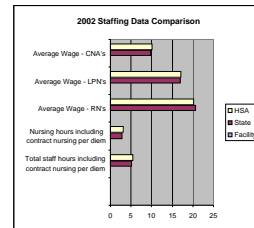


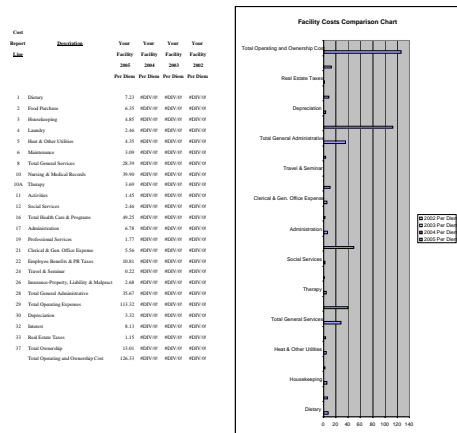
\*\* State and HSA data for 2004 and 2005 is not expected to be available from HFS until March 2006 and 2007 respectively.

2003			
Your			
Facility	State	HSA	
Total staff hours including contract nursing per diem	5.10	5.30	
Nursing hours including contract nursing per diem	2.90	3.20	
Average Wage - RN's	21.56	21.14	
Average Wage - LPN's	17.64	17.65	
Average Wage - CNA's	9.91	10.11	

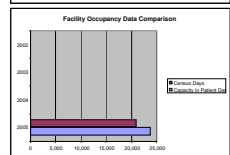
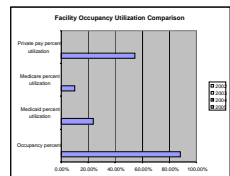


2002			
Your			
Facility	State	HSA	
Total staff hours including contract nursing per diem	5.20	5.50	
Nursing hours including contract nursing per diem	2.80	3.10	
Average Wage - RN's	20.69	20.12	
Average Wage - LPN's	16.89	17.04	
Average Wage - CNA's	9.73	10.05	

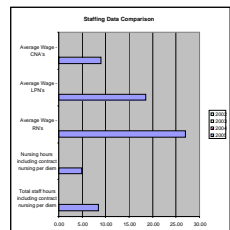




	Facility 2003	Facility 2004	Facility 2005	Facility 2006
Occupancy percent	88.54%	4500%	4500%	4500%
Medicare percent utilization	23.84%	0.00%	0.00%	0.00%
Medicaid percent utilization	0.84%	0.00%	0.00%	0.00%
Private pay percent utilization	86.32%	0.00%	0.00%	0.00%
Capacity in Patient Days	23,758	0	0	0
Census Days	20,388	0	0	0



	Facility 2003	Facility 2004	Facility 2005	Facility 2006
Total staff hours including contract nursing per day	0.00	0.00	0.00	0.00
Nursing hours including contract nursing per day	0.00	0.00	0.00	0.00
Average Wage- RN's	26.98	0.00	0.00	0.00
Average Wage- LPN's	18.08	0.00	0.00	0.00
Average Wage- CNAs	9.00	0.00	0.00	0.00





	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjustments	Adjusted Total
1. Dietary	268,764	0	12,480	281,244	0	281,244	0	281,244
2. Food Purchase	0	243,386	0	243,386	0	243,386	(1,899)	241,487
3. Housekeeping-	99,718	30,769	0	130,487	0	130,487	0	130,487
4	0	27,502	0	27,502	0	27,502	0	27,502
5. Heat and Other Utilities	0	0	78,703	78,703	0	78,703	0	78,703
6. Maintenance-	84,829	0	83,772	168,601	0	168,601	60,487	229,088
7. *	0	0	0	0	0	0	0	0
8. Total General Services	453,311	301,657	174,955	929,923	0	929,923	58,588	988,511
9	0	0	0	0	0	0	0	0
10. Nursing & Medical Records-	1,459,835	120,751	1,640	1,582,226	0	1,582,226	0	1,582,226
10a. Therapy	0	0	160,745	160,745	0	160,745	0	160,745
11. Activities	107,998	15,535	2,603	126,136	0	126,136	0	126,136
12	0	0	1,246	1,246	0	1,246	0	1,246
13	0	0	0	0	0	0	0	0
14	0	0	0	0	0	0	0	0
15. *	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	1,567,833	136,286	166,234	1,870,353	0	1,870,353	0	1,870,353
17. Administrative-	75,055	0	0	75,055	0	75,055	0	75,055
18. Board Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	45,569	45,569	0	45,569	(4,123)	41,446
20. Fees, Subscriptions, & Promotio	0	0	6,427	6,427	0	6,427	800	7,227
21. Clerical & General Office-	198,538	13,120	10,076	221,734	0	221,734	(16,315)	205,419
22. Employee Benefits & Payroll	0	0	391,035	391,035	0	391,035	0	391,035
23	0	0	0	0	0	0	0	0
24. Travel & Seminar	0	0	2,980	2,980	0	2,980	0	2,980
25	0	0	0	0	0	0	0	0
26. Insurance-Prop.Liab.Malpractice	0	0	42,251	42,251	0	42,251	0	42,251
27. *	0	0	0	0	0	0	0	0
28. Total General Adminis	273,593	13,120	498,338	785,051	0	785,051	(19,638)	765,413
29. Total General Administrative	2,294,737	451,063	839,527	3,585,327	0	3,585,327	38,950	3,624,277
30. Depreciation	0	0	90,097	90,097	0	90,097	33,104	123,201
31	0	0	0	0	0	0	0	0
32. Interest	0	0	2,238	2,238	0	2,238	(2,238)	0
33	0	0	0	0	0	0	0	0
34. Rent-Facility & Grounds	0	0	54,180	54,180	0	54,180	(54,180)	0
35	0	0	0	0	0	0	0	0
36	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	146,515	146,515	0	146,515	(23,314)	123,201
38	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	106,671	0	106,671	0	106,671	0	106,671
40	0	0	0	0	0	0	0	0
41	0	5	0	5	0	5	0	5
42	0	0	35,588	35,588	0	35,588	0	35,588
43. Other (specify):-*	7,971	0	40,382	48,353	0	48,353	(48,353)	0
44. Total Special Cost Ce	7,971	106,676	75,970	190,617	0	190,617	(48,353)	142,264
45. Grand Total	2,302,708	557,739	1,062,012	3,922,459	0	3,922,459	(32,717)	3,889,742

	After	
	Operating	Consolidation
General Service Cost Center		
1. Cash on hand and in banks	661,250	661,250
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Receivable	240,085	240,085
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	0	0
7. Other Prepaid Expenses	6,000	6,000
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	81,032	81,032
10. Total current assets	988,367	988,367
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	191,769
14. Buildings, at Historical Cost	0	822,760
15. Leasehold Improvements, Historical Cost	1,558,340	1,816,171
16. Equipment, at Historical Cost	306,878	526,874
17. Accumulated Depreciation (book methods)	-715,085	-1,539,578
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	1,150,133	1,817,996
25. Total Assets	2,138,500	2,806,363
CURRENT LIABILITIES		
26. Accounts Payable	64,158	64,158
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	34,910	34,910
31. Accrued Taxes Payable	2,539	2,539
32. Accrued Real Estate Taxes	0	0
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	83,383	83,383
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	184,990	184,990
LONG TERM LIABILITES		
39. Long-Term Notes Payable	0	0
40. Mortgage Payable	0	0
41. Bonds Payable	0	0
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	39,784	39,784
44. Other Long-Term Liabilities (specify):	0	0
45. Total Long-Term Liabilities	39,784	39,784
46. Total Liabilities	224,774	224,774
47. Total Equity	1,913,726	2,581,589
48. Total Liabilities and Equity	2,138,500	2,806,363

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	3,450,990
2. Discounts and Allowances for all Levels	-3,461
Subtotal - Inpatient Care	3,447,529
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	0
7. Oxygen	0
Subtotal - Ancillary Revenue	-
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	12,419
13. Barber and Beauty Care	0
14. Non-Patient Meals	1,899
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	0
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiology and X-Ray	0
21. Other Medical Services	75,682
22. Laundry	0
Subtotal - Other Operating Revenue	90,000
24. Contributions	370,543
25. Interest and Other Investments Income	9,190
Subtotal - Non-Operating Revenue	379,733
27. Other Revenue (specify):	17,340
28. Other Revenue (specify):	0
Subtotal - Other Revenue	17,340
30. Total Revenue	3,934,602
31. General Services	929,923
32. Health Care	1,870,353
33. General Administration	785,051
34. Ownership	146,515
35. Special Cost Centers	155,029
35. Provider Participation Fee	35,588
37. Other	0
40. Total Expenses	3,922,459
41. Income Before Income Taxes	12,143
42. Income Taxes	0
43. Net Income or Loss for the Year	12,143

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**LTC Median Per Diem Cost by HSA - 2004 Cost Reports**  
**2005 (Run June 1, 2004)**

UN-INFLATED

[illegible]

### 2005 - Average Wage Data Table

[illegible]

### 2005 - Staffing and Occupancy Data

[illegible]

### 2004 Costs

2004  
Census

Cost	
<u>Line</u>	<u>Description</u>
1	Dietary
2	Food Purchase
3	Housekeeping
4	Laundry
5	Heat & Other Utilities
6	Maintenance
8	<b>TOTAL GENERAL SERVICES</b>
10	Nursing & Medical Records
10A	Therapy
11	Activities
12	Social Services
16	<b>TOTAL HEALTH CARE &amp; PROGRAMS</b>
17	Administration
19	Professional Services
21	Clerical & Gen. Office Expense
22	Employee Benefits & PR Taxes
24	Travel & Seminar
26	Insurance-Property, liability & Malpractice
28	<b>TOTAL GENERAL ADMINISTRATIVE</b>
29	<b>TOTAL OPERATING EXPENSES</b>
30	Depreciation
32	Interest
33	Real Estate Taxes
37	<b>TOTAL OWNERSHIP</b>
	<b>TOTAL OPERATING &amp; OWNERSHIP COST</b>

LTC Median Per Diem Cost by HSA - 2004 Cost Reports  
2004 (Run June 1, 2004)

UN-INFLATED

[illegible]

2004 Costs		2004 Census
<b>Cost Report</b>		
<u>Line</u>	<u>Description</u>	
1	Dietary	
2	Food Purchase	
3	Housekeeping	
4	Laundry	
5	Heat & Other Utilities	
6	Maintenance	
<b>8</b>	<b>TOTAL GENERAL SERVICES</b>	
10	Nursing & Medical Records	
10A	Therapy	
11	Activities	
12	Social Services	
<b>16</b>	<b>TOTAL HEALTH CARE &amp; PROGRAMS</b>	
17	Administration	
19	Professional Services	
21	Clerical & Gen. Office Expense	
22	Employee Benefits & PR Taxes	
24	Travel & Seminar	
26	Insurance-Property, liability & Malpractice	
<b>28</b>	<b>TOTAL GENERAL ADMINISTRATIVE</b>	
<b>29</b>	<b>TOTAL OPERATING EXPENSES</b>	
30	Depreciation	
32	Interest	
33	Real Estate Taxes	
<b>37</b>	<b>TOTAL OWNERSHIP</b>	
	<b>TOTAL OPERATING &amp; OWNERSHIP COST</b>	

### 2004 - Average Wage Data Table

[illegible]

### 2004 - Staffing and Occupancy Data

[illegible]

IDPA LTC Profiles  
LTC Median Per Diem Cost by HSA - 2003 Cost Reports  
2003 (Run June 1, 2004)

UN-INFLATED

Cost Report		State-Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA
<u>Line</u>	<u>Description</u>		1	2	3	4	5	6	7	8	9	10	11	
1	Dietary	6.10	7.02	6.48	5.50	6.48	5.48	6.06	6.06	6.06	5.60	7.02	5.70	
2	Food Purchase	4.31	4.47	4.40	4.27	4.40	3.99	4.31	4.31	4.31	4.28	4.47	4.11	
3	Housekeeping	3.70	3.59	3.68	2.91	3.68	3.40	4.05	4.05	4.05	3.97	3.59	3.61	
4	Laundry	1.85	2.23	1.90	1.79	1.90	2.10	1.59	1.59	1.59	1.69	2.23	2.13	
5	Heat & Other Utilities	2.95	3.17	2.93	2.94	2.93	2.71	2.93	2.93	2.93	2.91	3.17	2.95	
6	Maintenance	3.01	3.26	3.03	2.99	3.03	2.55	3.21	3.21	3.21	3.05	3.26	2.82	
8	TOTAL GENERAL SERVICES	22.58	24.49	22.99	21.14	22.99	21.47	22.65	22.65	22.65	22.45	24.49	21.73	
10	Nursing & Medical Records	41.83	42.52	43.12	38.37	43.12	33.78	45.12	45.12	45.12	47.22	42.52	42.15	
10A	Therapy	2.10	1.86	2.69	3.34	2.69	3.47	1.45	1.45	1.45	2.41	1.86	2.24	
11	Activities	1.91	2.18	1.92	1.61	1.92	1.48	2.16	2.16	2.16	2.05	2.18	1.54	
12	Social Services	1.42	1.45	1.64	1.05	1.64	1.09	1.60	1.60	1.60	1.12	1.45	1.27	
16	TOTAL HEALTH CARE & PROGRAMS	49.48	50.39	51.22	46.39	51.22	41.58	52.34	52.34	52.34	54.96	50.39	49.49	
17	Administration	3.36	3.33	3.15	3.15	3.15	3.60	3.46	3.46	3.46	3.04	3.33	3.17	
19	Professional Services	0.99	1.09	0.85	0.83	0.85	0.76	1.12	1.12	1.12	1.13	1.09	0.77	
21	Clerical & Gen. Office Expense	4.79	4.32	4.97	3.98	4.97	3.46	5.56	5.56	5.56	5.04	4.32	4.25	
22	Employee Benefits & PR Taxes	10.09	10.42	11.01	8.88	11.01	7.67	10.51	10.51	10.51	11.38	10.42	9.08	
24	Travel & Seminar	0.08	0.10	0.13	0.10	0.13	0.13	0.06	0.06	0.06	0.05	0.10	0.07	
26	Insurance-Property, liability & Malpractice	2.58	2.47	2.55	2.35	2.55	2.22	2.85	2.85	2.85	2.19	2.47	2.61	
28	TOTAL GENERAL ADMINISTRATIVE	24.94	25.31	26.11	23.02	26.11	21.37	25.81	25.81	25.81	26.59	25.31	22.93	
29	TOTAL OPERATING EXPENSES	98.06	100.77	100.03	92.47	100.03	88.05	100.96	100.96	100.96	103.01	100.77	94.71	
30	Depreciation	3.70	3.82	4.08	3.29	4.08	2.54	4.11	4.11	4.11	3.54	3.82	3.38	
32	Interest	2.54	2.81	1.96	2.09	1.96	1.41	4.05	4.05	4.05	2.63	2.81	1.50	
33	Real Estate Taxes	1.38	0.92	1.08	0.82	1.08	0.80	3.20	3.20	3.20	1.36	0.92	1.11	
37	TOTAL OWNERSHIP	11.11	9.73	9.80	8.00	9.80	7.04	14.54	14.54	14.54	11.02	9.73	8.39	
	TOTAL OPERATING & OWNERSHIP COST	109.17	110.50	109.83	100.47	109.83	95.09	115.50	115.50	115.50	114.03	110.50	103.10	

10th %	90th %
4.13	9.81
3.36	6.04
2.48	5.80
0.91	3.14
2.05	4.25
1.92	5.12
17.57	31.51
27.25	64.47
-	10.55
1.06	3.45
0.58	3.00
32.10	77.23
1.71	7.21
0.07	3.44
2.49	10.78
6.33	19.34
-	0.43
0.88	4.32
16.95	39.14
69.40	142.56
1.01	8.43
-	11.53
-	4.85
3.76	23.58
73.16	166.14

Cost Report		2003 Census
<u>Line</u>	<u>Description</u>	
1	Dietary	
2	Food Purchase	
3	Housekeeping	
4	Laundry	
5	Heat & Other Utilities	
6	Maintenance	
8	TOTAL GENERAL SERVICES	
10	Nursing & Medical Records	
10A	Therapy	
11	Activities	
12	Social Services	
16	TOTAL HEALTH CARE & PROGRAMS	
17	Administration	
19	Professional Services	
21	Clerical & Gen. Office Expense	
22	Employee Benefits & PR Taxes	
24	Travel & Seminar	
26	Insurance-Property, liability & Malpractice	
28	TOTAL GENERAL ADMINISTRATIVE	
29	TOTAL OPERATING EXPENSES	
30	Depreciation	
32	Interest	
33	Real Estate Taxes	
37	TOTAL OWNERSHIP	
	TOTAL OPERATING & OWNERSHIP COST	

2003 - Average Wage Data Table

	State-Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA
		1	2	3	4	5	6	7	8	9	10
Total staff hours including contract nurses per diem	5.10	5.30	5.30	5.00	5.30	5.10	4.90	4.90	4.90	5.10	5.30
Nursing hours including contract nurses per diem	2.90	3.20	3.10	3.10	3.10	3.00	2.70	2.70	2.70	3.00	3.10
RN	21.56	21.14	19.99	18.79	19.99	16.66	24.55	24.55	24.55	22.85	21.14
LPN	17.64	17.65	16.41	14.79	16.41	13.36	20.23	20.23	20.23	18.67	17.65
CNA	9.91	10.11	9.89	9.19	9.89	8.28	10.44	10.44	10.44	10.54	10.11
DON	27.82	26.67	24.49	23.07	24.49	20.82	33.29	33.29	33.29	29.65	26.67
ADON	24.39	22.67	21.12	19.67	21.12	18.73	27.45	27.45	27.45	26.14	22.67

2003 - Staffing and Occupancy Data

	State-Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA
		1	2	3	4	5	6	7	8	9	10
Average Occupancy	80.80%	80.80%	80.60%	79.90%	80.60%	75.20%	82.00%	82.00%	82.00%	81.60%	80.80%
Medicaid Utilization	64.80%	56.40%	57.70%	59.60%	57.70%	62.80%	70.00%	70.00%	70.00%	64.30%	56.40%
Medicare Utilization	8.50%	7.50%	7.50%	7.70%	7.50%	8.70%	9.10%	9.10%	9.10%	9.30%	7.50%

IDPA LTC Profiles  
LTC Median Per Diem Cost by HSA - 2002 Cost Reports  
2002 (Run June 1, 2004)

UN-INFLATED

Cost Report	State- Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	10th %	90th %
Line	Description	1	2	3	4	5	6	7	8	9	10	11		
1	Dietary	6.01	7.28	6.51	5.36	6.51	5.48	5.92	5.92	5.83	7.28	5.60	4.17	9.77
2	Food Purchase	4.27	4.52	4.40	4.15	4.40	3.99	4.31	4.31	4.31	4.11	4.52	3.29	5.90
3	Housekeeping	3.65	3.84	3.56	3.05	3.56	3.25	4.13	4.13	4.13	3.89	3.84	2.51	5.63
4	Laundry	1.90	2.15	2.01	1.72	2.01	2.09	1.67	1.67	1.58	2.15	2.23	1.10	3.13
5	Heat & Other Utilities	2.71	2.84	2.76	2.75	2.76	2.54	2.67	2.67	2.72	2.84	2.73	1.89	4.03
6	Maintenance	2.99	3.41	2.96	2.91	2.96	2.48	3.16	3.16	2.90	3.41	2.92	1.95	5.11
8	TOTAL GENERAL SERVICES	22.09	24.39	22.49	20.85	22.49	20.47	22.71	22.71	22.66	24.39	22.04	17.19	30.80
10	Nursing & Medical Records	40.68	42.79	42.10	37.44	42.10	33.35	43.96	43.96	43.84	42.79	41.16	26.11	62.04
10A	Therapy	1.85	1.90	2.38	2.86	2.38	1.81	1.54	1.54	3.02	1.90	2.27	-	10.03
11	Activities	1.88	2.12	1.89	1.50	1.89	1.37	2.23	2.23	2.10	2.12	1.60	1.13	3.39
12	Social Services	1.44	1.46	1.50	1.08	1.50	1.13	1.61	1.61	1.32	1.46	1.32	0.58	3.00
16	TOTAL HEALTH CARE & PROGRAMS	47.55	50.19	49.32	44.36	49.32	39.56	50.57	50.57	52.75	50.19	47.76	31.31	74.79
17	Administration	3.39	3.49	3.30	3.27	3.30	3.61	3.39	3.39	3.39	3.20	3.49	1.65	6.84
19	Professional Services	0.98	1.00	0.76	0.88	0.76	0.98	1.05	1.05	1.05	1.19	1.00	0.07	2.93
21	Clerical & Gen. Office Expense	4.58	4.07	4.40	3.67	4.40	3.47	5.75	5.75	5.75	4.19	4.07	2.36	10.72
22	Employee Benefits & PR Taxes	9.63	10.11	10.26	8.28	10.26	7.80	10.26	10.26	9.30	10.11	8.44	6.22	17.51
24	Travel & Seminar	0.09	0.12	0.10	0.09	0.10	0.16	0.06	0.06	0.03	0.12	0.09	-	0.37
26	Insurance-Property, liability & Malpractice	2.19	1.93	1.97	1.87	1.97	2.00	2.46	2.46	2.40	1.93	2.03	0.83	3.92
28	TOTAL GENERAL ADMINISTRATIVE	23.47	23.64	24.80	21.32	24.80	20.28	25.17	25.17	23.10	23.64	21.93	16.13	36.02
29	TOTAL OPERATING EXPENSES	94.39	99.26	97.46	85.50	97.46	82.47	99.35	99.35	97.86	99.26	91.33	67.15	138.58
30	Depreciation	3.53	3.13	3.86	3.26	3.86	2.41	4.18	4.18	3.94	3.13	3.04	0.73	8.09
32	Interest	2.73	2.84	2.05	2.60	2.05	1.55	4.55	4.55	2.14	2.84	1.54	-	12.86
33	Real Estate Taxes	1.30	0.77	0.88	0.93	0.88	0.72	3.17	3.17	1.29	0.77	1.03	-	5.05
37	TOTAL OWNERSHIP	11.44	9.19	9.85	8.76	9.85	6.52	15.35	15.35	11.40	9.19	10.00	3.55	24.50
	TOTAL OPERATING & OWNERSHIP COST	105.83	108.45	107.31	94.26	107.31	88.99	114.70	114.70	109.26	108.45	101.30	70.70	163.08

Cost Report	State- Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	10th %	90th %
Line	Description	1	2	3	4	5	6	7	8	9	10	11		
1	Dietary	6.01	7.28	6.51	5.36	6.51	5.48	5.92	5.92	5.83	7.28	5.60	4.17	9.77
2	Food Purchase	4.27	4.52	4.40	4.15	4.40	3.99	4.31	4.31	4.31	4.11	4.52	3.29	5.90
3	Housekeeping	3.65	3.84	3.56	3.05	3.56	3.25	4.13	4.13	4.13	3.89	3.84	2.51	5.63
4	Laundry	1.90	2.15	2.01	1.72	2.01	2.09	1.67	1.67	1.58	2.15	2.23	1.10	3.13
5	Heat & Other Utilities	2.71	2.84	2.76	2.75	2.76	2.54	2.67	2.67	2.72	2.84	2.73	1.89	4.03
6	Maintenance	2.99	3.41	2.96	2.91	2.96	2.48	3.16	3.16	2.90	3.41	2.92	1.95	5.11
8	TOTAL GENERAL SERVICES	22.09	24.39	22.49	20.85	22.49	20.47	22.71	22.71	22.66	24.39	22.04	17.19	30.80
10	Nursing & Medical Records	40.68	42.79	42.10	37.44	42.10	33.35	43.96	43.96	43.84	42.79	41.16	26.11	62.04
10A	Therapy	1.85	1.90	2.38	2.86	2.38	1.81	1.54	1.54	3.02	1.90	2.27	-	10.03
11	Activities	1.88	2.12	1.89	1.50	1.89	1.37	2.23	2.23	2.10	2.12	1.60	1.13	3.39
12	Social Services	1.44	1.46	1.50	1.08	1.50	1.13	1.61	1.61	1.32	1.46	1.32	0.58	3.00
16	TOTAL HEALTH CARE & PROGRAMS	47.55	50.19	49.32	44.36	49.32	39.56	50.57	50.57	52.75	50.19	47.76	31.31	74.79
17	Administration	3.39	3.49	3.30	3.27	3.30	3.61	3.39	3.39	3.39	3.20	3.49	1.65	6.84
19	Professional Services	0.98	1.00	0.76	0.88	0.76	0.98	1.05	1.05	1.05	1.19	1.00	0.07	2.93
21	Clerical & Gen. Office Expense	4.58	4.07	4.40	3.67	4.40	3.47	5.75	5.75	5.75	4.19	4.07	2.36	10.72
22	Employee Benefits & PR Taxes	9.63	10.11	10.26	8.28	10.26	7.80	10.26	10.26	9.30	10.11	8.44	6.22	17.51
24	Travel & Seminar	0.09	0.12	0.10	0.09	0.10	0.16	0.06	0.06	0.03	0.12	0.09	-	0.37
26	Insurance-Property, liability & Malpractice	2.19	1.93	1.97	1.87	1.97	2.00	2.46	2.46	2.40	1.93	2.03	0.83	3.92
28	TOTAL GENERAL ADMINISTRATIVE	23.47	23.64	24.80	21.32	24.80	20.28	25.17	25.17	23.10	23.64	21.93	16.13	36.02
29	TOTAL OPERATING EXPENSES	94.39	99.26	97.46	85.50	97.46	82.47	99.35	99.35	97.86	99.26	91.33	67.15	138.58
30	Depreciation	3.53	3.13	3.86	3.26	3.86	2.41	4.18	4.18	3.94	3.13	3.04	0.73	8.09
32	Interest	2.73	2.84	2.05	2.60	2.05	1.55	4.55	4.55	2.14	2.84	1.54	-	12.86
33	Real Estate Taxes	1.30	0.77	0.88	0.93	0.88	0.72	3.17	3.17	1.29	0.77	1.03	-	5.05
37	TOTAL OWNERSHIP	11.44	9.19	9.85	8.76	9.85	6.52	15.35	15.35	11.40	9.19	10.00	3.55	24.50
	TOTAL OPERATING & OWNERSHIP COST	105.83	108.45	107.31	94.26	107.31	88.99	114.70	114.70	109.26	108.45	101.30	70.70	163.08

2002 - Average Wage Data Table

State- Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA
Line	1	2	3	4	5	6	7	8	9	10	11	
Total staff hours including contract nursing per diem	5.20	5.50	5.40	5.00	5.40	5.10	5.00	5.00	4.90	5.50	5.30	
Nursing hours including contract nurses per diem	2.80	3.10	3.10	3.00	3.10	2.90	2.60	2.60	2.60	3.10	3.00	
RN	20.69	20.12	19.18	18.37	19.18	16.06	23.49	23.49	23.49	21.31	20.12	19.45
LPN	16.89	17.04	15.72	14.33	15.72	12.75	19.39	19.39	19.39	17.96	17.04	15.69
CNA	9.73	10.05	9.65	9.09	9.65	8.08	10.28	10.28	10.28	10.39	10.05	9.62
DON	26.38	24.75	22.98	22.48	22.98	20.02	31.78	31.78	31.78	28.86	24.75	23.68
ADON	23.27	21.44	20.51	18.93	20.51	17.26	26.34	26.34	26.34	24.33	21.44	21.27

2002 - Staffing and Occupancy Data

State- Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA
Line	1	2	3	4	5	6	7	8	9	10	11	
Average Occupancy	80.90%	79.60%	81.90%	80.30%	81.90%	75.30%	82.20%	82.20%	82.20%	82.00%	79.60%	76.60%
Medicaid Utilization	64.50%	55.50%	56.10%	58.50%	56.10%	63.30%	69.90%	69.90%	69.90%	66.70%	55.50%	60.90%
Medicare Utilization	7.40%	6.80%	7.20%	6.10%	7.20%	7.40%	7.70%	7.70%	7.70%	8.20%	6.80%	7.00%